

Exhibit A

SANTA BARBARA COUNTY

PUBLIC HEALTH DEPARTMENT

3052023294082

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 9/08)

3202342003536

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER: CONNOR		CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV 9/08)		LOCAL REGISTRATION NUMBER 3202342003536				
DECEASED'S PERSONAL DATA	1. NAME OF DECEASED- FIRST (Given) CONNOR	2. MIDDLE JEFFREY	3. LAST (Family) AMADOR					
	AKA: ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/cccyr 07/26/2003	5. AGE Yrs. 20	IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes	6. SEX M	
USUAL RESIDENCE	8. BIRTH STATE/FOREIGN COUNTRY CA	10. SOCIAL SECURITY NUMBER [REDACTED]	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SRPD ¹ (at Time of Death) NEVER MARRIED	7. DATE OF DEATH mm/dd/cccyr 12/29/2023	8. HOUR (24 Hours) 0133		
	13. EDUCATION - Highest Level/Degree (See worksheet on back) HS GRADUATE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN				
INFORMANT	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED NEVER WORKED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) -		19. YEARS IN OCCUPATION				
	20. DECEASED'S RESIDENCE (Street and number, or location) 208 SOMERSET PLACE	21. CITY LOMPOC	22. COUNTY/PROVINCE SANTA BARBARA	23. ZIP CODE 93436	24. YEARS IN COUNTY 2	25. STATE/FOREIGN COUNTRY CA		
SPOUS/SPDP AND PARENT INFORMATION	26. INFORMANT'S NAME, RELATIONSHIP MATTHEW C. VANDERZANDAN, BROTHER	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2471 WILMAR AVE., OCEANO, CA 93445						
	28. NAME OF SURVIVING SPOUSE/SPDP-FIRST -	29. MIDDLE -	30. LAST (BIRTH NAME) -	31. NAME OF FATHER/PARENT-FIRST JEFFREY	32. MIDDLE L	33. LAST AMADOR	34. BIRTH STATE CT	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	35. NAME OF MOTHER/PARENT-FIRST VERONICA	36. MIDDLE RUTH	37. LAST (BIRTH NAME) SMALE	38. BIRTH STATE CA				
	39. DISPOSITION DATE mm/dd/cccyr 01/15/2024	40. PLACE OF FINAL DISPOSITION ARROYO GRANDE CEMETERY 895 EL CAMINO REAL, ARROYO GRANDE, CA 93420		41. TYPE OF DISPOSITION(S) CREMATE/BURIAL	42. SIGNATURE OF EMBALMER ► KAILEE S VITELLI	43. LICENSE NUMBER EMB9257		
PLACE OF DEATH	44. NAME OF FUNERAL ESTABLISHMENT MARSHALL-SPOO SUNSET FUNERAL CHAPEL	45. LICENSE NUMBER FD985	46. SIGNATURE OF LOCAL REGISTRAR ► HENNING ANSORG, MD	47. DATE mm/dd/cccyr 01/11/2024				
	101. PLACE OF DEATH GAS STATION	102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing <input type="checkbox"/> Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing <input type="checkbox"/> Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	104. COUNTY SANTA BARBARA	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1421 E. OCEAN AVE.	106. CITY LOMPOC		
CAUSE OF DEATH	107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death; DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBRVE. IMMEDIATE CAUSE (Final disease or condition resulting in death) PENDING INVESTIGATION	108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 23-12317	109. TIME INTERVAL BETWEEN ONSET AND DEATH (AT) -	110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	111. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	112. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	113. SEQUENTIALLY, LIST CONDITIONS, IF ANY, LEADING TO CAUSE OF DEATH OR LIST UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(B) (C) (D)	(BT) (CT) (DT)					
PHYSICIAN'S CERTIFICATION	114. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 -	115. SIGNATURE AND TITLE OF CERTIFIER ►	116. LICENSE NUMBER 117. DATE mm/dd/cccyr					
	118. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive	119. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	121. INJURY DATE mm/dd/cccyr 122. HOUR (24 Hours)				
CORONER'S USE ONLY	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)								
126. SIGNATURE OF CORONER / DEPUTY CORONER ► JAMES M DUNCAN			127. DATE mm/dd/cccyr 01/10/2024	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER JAMES M DUNCAN, DEP CORONER				
STATE REGISTRAR	A	B	C	D	E	FAX AUTH.#	CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA BARBARA } SS

FEB 16 2024

DATE ISSUED

* 0 0 0 6 4 8 6 0 7 *

HENNING ANSORG, M.D.
HEALTH OFFICER
PUBLIC HEALTH DEPARTMENT
COUNTY OF SANTA BARBARA, CALIFORNIAThis copy not valid unless prepared on engraved border displaying the date, seal and signature of the Health Officer.
PENCO (Rev 10/19)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE